

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LEADING US IN SUCCESS POLITICAL ACTION COMMITTEE (LUIS PAC)

A. Full Name (Last, First, Middle Initial)
CHRIS CHOCOLA FOR CONGRESS INC

Mailing Address PO BOX 6728

City SOUTH BEND State IN Zip Code 46660

Purpose of Disbursement
PAC ContributionCandidate Name
Christopher J. Chocola011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.4113

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER SHAYS FOR CONGRESS

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
PAC Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4115

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CUBIN FOR CONGRESS INCMailing Address POST OFFICE BOX 4657
P O BOX 4657

City CASPER State WY Zip Code 82604

Purpose of Disbursement
PAC ContributionCandidate Name
Barbara Cubin011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District: 01

Transaction ID: SB23.4117

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶